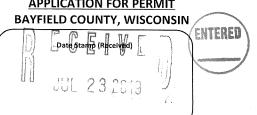
SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT



Permit #:	19-0249
Date:	7-20-19
Amount Paid:	\$250 7-23-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

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Mark A. Billio	ard	The	Ima Dani	ام ۸۸ م	7	ł	ng Address: . Box 553			City/Sta		•	"/L 75	رس، (Telep		3850
Address of Property:		The	ma Kerie	22 //(((unn		・DUK ろらう State/Zip:			Corn	e11,	/WI / 5	4/3			と クケー hone:	3850
46900 N		ال دروم	Lake	Ŋĸ		, , ,	ble / v	di'i	150	821			715-827-050				-0509
Contractor:	· Uiai	rroria	Lake	UI.			ractor Phone:				<i>CD</i>	asmu sse r					
Owners: Mark A						715	239.3850	,	Andry R	asmus	s n Sen	& Sons, 1	nc.				-33 <i>55</i>
Authorized Agent: (i	Person Sigr	ning Appli	cation on behal	f of Owner(s))	_	t Phone:	Agent Mail			clude City/State		******	Writt		orization	
N/A	e l					N/A N/A									☐ Ye	s Æ N	
PROJECT LOCATION	Legal	Descrip	tion: (Use T	ax Statem	ent)	Tax ID# 16874						Recor ZO	ded Do	cument:	(Showing	g Ownership) 7199	
NW 1/4, _ !	Gov't Lot	t(s) A	CSM NJA	"			Lot(s) N N/A				vision: V/A						
Section 32	, Tow	nship _	44 N, R	ange(<u>΄</u> ρ \	N	Town of:	ira	ndVie	w			Lot Siz		Ac	reage 20	
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☐ Shoreland —						ike, Po	nd or Flowage		Distanc	e Structu		from Shoreline		Û	olain Zon ∃Yes ďNo	er	Present? ☐ Yes ☑ No
₩Non-Shoreland																	
Value at Time of Completion * include donated time &		Proje	ct	# ol	es	Foundation	on	Total # bedroo	oms	Sewer/S			hat Type of Sanitary System the property?			Type of Water on property	
material	Ø Nev	v Const	truction	 	torv	☐ Basement			□ 1		1 8/1	unicipal/City					□ City
			Alteration	☐ 1-St					2			ew) Sanitary	Specif	y Type:	Conver	tional	✓ Well
\$ <u>95,000</u>	☐ Con	versio	n	☐ 2-S1					3				ts) Specify Type:				
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						n)							<u>'</u>	X	<u>, ,</u>	-	
			Other: (ex			<u>'</u>							<u>`</u>	X		+	
I (we) declare that this a	pplication (including a	FAILURE TO	OBTAIN A	n) has be	en examir	TING CONSTRUCT	the be	est of my (our) knowledge	and be	elief it is true, corre	t and con	nplete. I ((we) acknow	vledge tha	at I (we) am
(are) responsible for the result of Bayfield Count property at any reasonal	detail and a y relying on ble time for	accuracy o this inform the purpo	f all information I mation I (we) am se of inspection.	(we) am (ar	e) provid ing in or	ing and th with this	nat it will be relied up application. I (we) co	on by I nsent t	Bayfield Count to county office	ity in detern cials charged	nining v	vhether to issue a p	ermit. 1 (v	ve) furthe	er accept lia	bility which	h may be a
Owner(s): // 1/20	W A	'Bil	W		,	<u>The</u>	lmakene	i Y	nc Car	m			Date	<u>.</u>	aly 1	9,20	019

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Cornell, WI

N/A

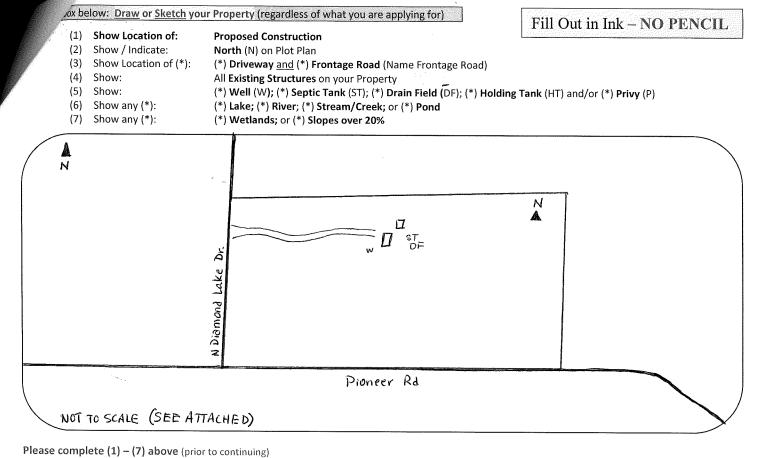
P.O. Box 553

Authorized Agent: _

Address to send permit _

<u>Attach</u> 54732 Copy of Tax Statement If you recently purchased the property send your Recorded Deed

Date



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measureme	nt	Description	Measurement
Setback from the Centerline of Platted Road	* Le Verrainde *	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	535	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	75	Feet		
Setback from the South Lot Line	538	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	550	Feet	20% Slope Area on the property	☐ Yes ∠ No
Setback from the East Lot Line	719	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank NEW		Feet	Setback to Well NEW	- Feet
Setback to Drain Field NEW		Feet	14LYV	
Setback to Privy (Portable, Composting)		Feet		

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	19-625	# of bedrooms:	Sanitary Date: 7/8/19							
Permit Denied (Date):	Reason for Denial:	7 1	<u> </u>	1 1,70,75							
Permit#: 19-0a49	Permit Date: 7- 81	a6-19									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue) Yes Yes	ous Lot(s)) 🛮 🗷 No	Mitigation Required Mitigation Attached		Affidavit Required							
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:		Previously Granted by	Variance (B.O.A.) Case	1#:							
Was Parcel Legally Created Was Proposed Building Site Delineated □ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Nation Yes Was Property Surveyed									
Inspection Record: OWNERS were on	site			Zoning District (R-2) Lakes Classification (-)							
Date of Inspection: 7/25/19	Inspected by:	Date of Re-Inspection:									
Condition(s): Town, Committee or Board Conditions Atta	Condition: Constru practices shall be erosion or sedim	No they need to be atta action site best manage implemented to preve tentation onto neigh ands. Necessary UDC	gement ent any aboring	Date of Approval: 7/26/19							
Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees: 🗌								

City, Village, State or Federal May Also Be Required

ND USE - X SANITARY - 19-62S SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0249			Į:	ssued	d To: Ma	ark Bi	llard & The	lma N	1cCa					
S ½ of Location:	NW	1/4	of	NW	1/4	Section	32	Township	44	N.	Range	6	W.	Town of	Grand View
Gov't Lot			L	_ot		Blo	ock	Su	bdivisio	on				CSM#	
For: Resid	ential	Use	e: [1	- Stor	y; <u>R</u>	esidence	(44' >	(26') = 1,14	4 sq. ⁻	ft.; <u>D</u> e	eck #1 (1	4' x	14') =	= 196 sq. f	t.;

Deck #2 (6' x 6') = 36 sq. ft.; Deck #3 (6'x 6') = 36 sq. ft.] Total Overall = 1,426 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 26, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCOLUSIN

Date Stamp (Received) .HII 23,4019 Bayfield Co. Zoning Dept,

MTER-	Permit #:	19-0250
	Date: Amount Paid:	7-26-19
	Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONS	arangan ian									aran 🐧 rati internati	ENCIL)			
TYPE OF PERMIT I	REQUES	TED→ X LA	ND USE 🗆 SA	NITAR	Y 🗆 PRIVY [CONDITION	AL USE	☐ SPECIAL	USE	☐ B.O. <i>F</i>	\. []	OTHE	2	
Owner's Name:				1	ng Address:		/State/Zi		and the second	I	Telepho	ne:		
Mark A. Bill	iard	Thelma R	mee McCann	F	0.0.Box 553		Cornel	1 WI	547	32	(715) 2	239-	3850	
Address of Property				City/	State/Zip:		***************************************				Cell Pho			
46900 N.	Diam	rond Lake	Dr.	(Cable WI	54 8 21			(915) 827			827-	0509	
Contractor:			0 = 4 (Conti	ractor Phone:	Plumber: De	nnis	Rasmuss	en		Plumber	Phone	:	
Owners: Mar				7 (715	5) 239-3850	Andry R	las mu	135en & S	on S,	Inc.	(715)	798	- 33 55	
Authorized Agent: (Person Sig	ning Application on be	half of Owner(s))	_	t Phone:	Agent Mailing Ad	ddress (in	clude City/State	/Zip):		Written		ization	
N/A					N/A	N/A					Attached Pes			
PROJECT	Legal	Description: (Use	Tay Statement)	Tax II		ıi.				orded Docur				
LOCATION	Legar	Description. (Osc	. Tax Statement,		1687	4			-2	1019 R		5 /	7199	
NW 1/4,	NW :	1/4 Gov't Lo		CSM	"		(s) No.	Block(s) No.	Sub	division:				
		N/A N/A	NA	NA	<u> </u>	N/A N	/4	N/A		N/A				
Section <i>3</i>	Tow	rnship <u>44</u> N	Range 6	w	Town of:	Frand Vie	a . I		Lot		Acrea			
			-			Tana VIE	- W			N/A 		-0		
	☐ Is I	Property/Land wit	hin 300 feet of Riv	er, Stre	eam (incl. Intermittent)		4 4	from Shorelin	e :	Is Prope	erty in	Are	Wetlands	
☐ Shoreland —		k or Landward sid	e of Floodplain?	If y	escontinue —		NIA		feet	Floodplai		44 (St. 20)	resent?	
	☐ Is I	Property/Land wit	hin 1000 feet of La		•	Distance Structure is from Shorelin				History at the wife	Yes No		□Yes	
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☐ Non-Shoreland														
Value at Time														
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material						structure		IS On 1	the pi	roperty?			property	
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خ	☐ Add	dition/Alteration	□ 1-Story +	Loft	∠ Foundation	□ 2	∠ (N	lew) Sanitary	y Specify Type: <u>Conventional</u>				ℤ Well	
15 000		nversion	☐ 2-Story			. 🛮 🕽 3	☐ Sa	nitary (Exists	ts) Specify Type:					
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		a Business on			Use	✓ None	-		v/service contract)					
		perty			✓ Year Round	1	□ Cc	mpost Toilet						
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Cornell

WI

54732

P.O. Box 553

Address to send permit_

<u>Attach</u>

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE : <u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20% See attached: aerial view and handdrawn plan

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Measureme	nt		Description	Measurement
	Feet		Setback from the Lake (ordinary high-water mark)	Feet
560	Feet		Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
37	Feet			
<i>5</i> 9 <i>5</i>	Feet		Setback from Wetland	Feet
<i>555</i>	Feet		20% Slope Area on the property	☐ Yes ∠ No
737	Feet		Elevation of Floodplain	Feet
	Feet		Setback to Well	∽ Feet
-	Feet			
	Feet			
	560 37 595 555	37 Feet 595 Feet 555 Feet 737 Feet - Feet - Feet	Feet 560 Feet 37 Feet 595 Feet 555 Feet 737 Feet - Feet - Feet	Feet Setback from the Lake (ordinary high-water mark) 560 Feet Setback from the River, Stream, Creek Setback from the Bank or Bluff 37 Feet Setback from Wetland 555 Feet 20% Slope Area on the property 737 Feet Elevation of Floodplain Feet Setback to Well NEW Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be a marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	19-625	# of bedrooms: 🙏	Sanitary Date: 7/16/19								
Permit Denied (Date):	Reason for Denial:	II.	The second secon	7/0/1/								
Permit #: 19 -0250	Permit Date: 7-2	7-26-19										
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes Cheed of Reco	guous Lot(s)) 🗹 No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☑ No	Affidavit Required								
Granted by Variance (B.O.A.) ☐ Yes ☑ No Case #:		Previously Granted by ☐ Yes ☐ No	/ Variance (B.O.A.)	s#:								
Was Parcel Legally Created Was Proposed Building Site Delineated ₩Yes □ N	o	Were Property Line	es Represented by Owner Was Property Surveyed	☐ Yes ☐ No ☑ Yes ☐ No								
Inspection Record: OWNCRS WERE ON	s.te	<u> </u>		Zoning District (R-2) Lakes Classification (
Date of Inspection: 7/2 5/19	Inspected by:	Holer		Date of Re-Inspection:								
Condition(s): Town, Committee or Board Conditions Att	Condition: for huma	No accessory building	g shall be used	.lu								
Signature of Inspector:	without nei pressurize unless app	cessary county and UI d water shall enter proved connection to F maintain setbacks.	DC permits. No	Date of Approval: 7/26/19								
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit:										

Village, State or Federal May Also Be Required

JSE - X

SANITARY - 19-62S

SIGN
SPECIAL
CONDITIONAL -

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-0250 Issued To: Mark Billard & Thelma McCann														
S ½ of Location:	NW	1/4	of	NW	1/4	Section	32	Township	44	N.	Range	6	W.	Town of	Grand View
Gov't Lot	ot Lot Block				Subdivision						CSM#				
For: Resid (Disclaimer	For: Residential Accessory Structure: [1- Story; Garage (28' x 28') = 784 sq. ft.] Disclaimer): Any future expansions or development would require additional permitting.														
Condition	n/e). N	مام د	2001				1 11 1						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

July 26, 2019

Date